

## PART B - FEE(S) TRANSMITTAL

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7590

01/05/2004

SCHIFF HARDIN LLP  
 6600 SEARS TOWER  
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 CHICAGO, IL 60606-6473

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Brett A. Valiquet	(Depositor's name)
<i>Brett A. Valiquet</i>	(Signature)
March 23, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/664,465	09/18/2000	Michael Greiner	P00.1757	4315

TITLE OF INVENTION: METHOD OF CONTROLLING A COOKING PROCESS AND A COOKING PROCESS SENSOR FOR USE WITH THE METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	04/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
YEUNG, GEORGE CHAN PUI	1761	426-233000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rational Aktiengesellschaft

Landsberg/Lech, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501519 (enclose an extra copy of this form).

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(Date)

3/23/04

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